Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												
								10783406.				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR	OTHER SMALL	R THAN ENTITY
T	TAL CLAIMS		20			· ·		RATE	FEE	7 ·	RATE	FEE
FC	OR , .		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 - minus 20=		·6			XS 9=		OR	XS18=	·
INI	DEPENDENT C	LAIMS	3 _ minus 3 =					X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		-			-145=	† ·	OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	386	ا ``ا	TOTAL	
CLAIMS AS AMENDED - PART II OTHER TH											THÀN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A	12/4/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	5	20	=O		XS -9≢	5	OR	X ⊊18 =	
	Independent	• 3	Minus	PENIDENT	S ANA			X 43=		OR	X86 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
										OR	TOTAL ADDIT, FEE	
		(Column 1)	•	(Coluin	nn 2) ·	(Column 3)		ADDIT. FEE				
AMENDMENT B		REMAINING NUM		HIGHE NUME PREVIO	EST BER PRESENT		RATE	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID F		EXTRA			FEE			FEE
	Total	•	Minus	***		5		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	0) 4114		lΓ	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						, L	+145=		OR	+290=	
							L	TOTAL		OR	TOTAL ADDIT, FEE	•
		(Column 1)		(Calum	- 2)	(Column 2)	. А	DDIT. FEE			ADDII. PEEI	
	`	CLAIMS		(Colum		(Column 3)	· -	<u> </u>	4001			400)
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	#		.		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		a .	┢	X43=		- 1	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A40-		OR	7002	
+145= OR +290=												
I	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR. ADDIT. FEE ADDIT. FEE											
• 1	he Highest Num	ber Previously Paid	For (Total or	Independer	ni) is the	highest number	r toụn	d in the ap	brobuste pox	in con	ımn 1.	